

Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

December 29, 1998

Mr. Gary M. Seraydarian One Hour Martinizing 21 Rabbits Run Palm Beach Gardens, Florida 33418

Re: Facility No.: 0310466

Dear Mr. Seraydarian:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 14, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environemntal Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | 1. 2 | |
|----|--|---|
| ** | Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location | |
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | 0 |
| | GARY SERAYDHRIAN INC | |
| 2. | Site Name (For example, plant name or number): | |
| | DNE HOUR MARTINIZING | |
| 3. | Hazardous Waste Generator Identification Number: | |
| 4. | Facility Location: ////// -/ SAN TOSE | |
| •• | Facility Location: 11406 -1 SAN JOSE Street Address: | |
| | City: SACKSONVILLE County: DUVAL Zip Code: 32223 | |
| 5. | Facility Identification Number (DEP Use): | |
| | 0310466 | |

Responsible Official

| 6. | Name and Title of Responsible Official: GNRY M. SERAY DARIAN PRES. |
|----|---|
| 7. | Responsible Official Mailing Address: |
| | Organization/Firm: Street Address: 21 RABBITS RUN |
| | Street Address: $\alpha / \gamma $ |
| | City: PALM BEACH GARDENS County: PALM BEACH Zip Code: 33478 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (561) 694-1711 |
| | , |

Facility Contact (If different from Responsible Official)

| 9. Name and Title of Facility Contact (For example, plant | manager): |
|---|-----------------------|
| MATTHEW SERAYDARIAN | N PLANT MANG. |
| 10. Facility Contact Address: | |
| Street Address: 2507 ACADIE City: County: County: 7 | DUVAL Zip Code: 32217 |
| 11. Facility Contact Telephone Number: Telephone: (904) 737 - 2318 | Fax: (904) 137 - 2389 |

DEP Form No. 62-213.900(2) Effective: 6-25-96

| 12/21/98 | Stoke to Matthew Servedarian and |
|----------|--|
| | he stated that the machine has a |
| | refridgerated concleuser as a control |
| | refridgerated concleuser as a control device. The mashine is not installed |
| | as of todays date Eppected install |
| | date y Jonuary 15, 1999. No pers. purchased to date. |
| | purchased to date. |
| | |
| p 14 kg | Add date of purchase in row (1) and date of Control device installed. If dates are the same then add same |
| | date of Control device installed. |
| | If dates are the same then add same |
| | |
| 26) | Odd #of gallons purchased. Afnone add "O". Existing small area source should be to |
| 3. | Existing small ared source should be the |
| | marked Marboat and intel. New small |
| | Aland de la caracted |
| p15 4. | Sit of the state o |
| ' | be marked Morkout and initial. (OVER) |
| | (OVER) |

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---------|---|---|----|----------------------------------|--|-------|---|--|
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | , | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | 04:00-99 | | | | | | | |
| (1) w/ ref. condenser | 1 - | 0010199 | | | | 14. | | | |
| (2) w/ carbon adsorber | / | 01-00-99 | | | | | | | |
| (3) w/ no controls | • | | | | | | | | |
| Washer Unit | 47.5 | A GUSTANIA | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | , | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | Lydige. | | | | | | | | |
| (7) w/ ref. condenser | india. | | *************************************** | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | .,.* | PARTY CONTRACTOR CONTRACTOR | and, minimphy p. and the | | THE COST OF STREET | Subject 14/060 HTML is _unwither | | er dette i tiere mmere i i i i i i televi | nem make make adde |
| (11) w/carbon adsorber | | | - | | | - | | | 1 |
| (12) w/ no controls | | | | | | | | <u> </u> | ` |
| (b) Control devices are(c) No control devices | _ | | | | _] | | | | |
| 2.(a) What was the total of [] (b) If less than 12 mont Check why it is less | gallo | ons ow many? [|] months | | | | | | <u> </u> |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec | t one classifi | cation only.) | | nitions found | | 3) of | Part II? | |
| Existing large area source [] New large area source [] | | | | | | | | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".) | | | | | | | |
|--|-------------------------|-------------------------------|---|--|--|--|--|
| Existing large area sou Carbon adsorber | urce | Refrigerated condenser | L X I | | | | |
| New small area source Refrigerated condense | | | • | | | | |
| New large area source Refrigerated condense | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. A facility which contains no to Rule 62-213.300, F.A.C. Ve exemption criteria or that no su | erify that all steam an | d hot water generating unit | o use the general permit pursuant s on-site meet the following | | | | |
| All steam and hot water general boiler HP or less), and (2) are during which propane or fuel of | fired exclusively by n | natural gas except for period | ds of natural gas curtailment | | | | |
| All steam and hot water genera No such units on-site | ting units exempt | [X] | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Equi | ipment Monitoring | and Recordkeeping Inform | nation | | | | |
| Check all logs which are requir | ed to be kept on-site | in accordance with the requ | uirements of this general permit: | | | | |
| (a) Purchase receipts and solve | nt purchases | | | | | | |
| (b) Leak detection inspection a | nd repair | | LX | | | | |
| (c) Refrigerated condenser tem | perature monitoring | | 广大 | | | | |
| (d) Carbon adsorber exhaust pe | erc concentration mor | nitoring | ĹXJ | | | | |
| (e) Instrument calibration | | | | | | | |
| (f) Start-up, shutdown, malfun | ation alam | | r 🗸 1 | | | | |

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

| Please indicat | te with an "X" the appropriate selection: |
|--------------------------------------|--|
| [] | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| ιX | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statement maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro | emptly notify the Department of any changes to the information contained in this notification. |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | × | COMPLAINT/D | DISCOVERY | |
|---|---------------------------|----------------|---|-------------------|--|
| | RE-INSPECTION | | | | |
| | | | | | |
| AIRS 1D#: <u>03/04d</u> D | -1 | | | ∓ÇME OUT: ∠ | 1045 |
| FACILITY NAME: | ne Hour 1 | 1artin | | <u>~</u> | |
| FACILITY LOCATION: | 1/406-1 | San J | 105 E. 1374 | 1. 1 | |
| | Jackson | ville, 1 | FL 322 | 230 | |
| RESPONSIBLE OFFICIAL: | PANY Seraye | brian | 91) PHONE: 56/ | -694-19 | 74_ |
| \ \ t | HLEW Serayo | | 69 | | 389 |
| | Truct | | | | |
| | | | | | and the same of th |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| New facility notified DARM 30 | | | | | × |
| 2. Facility failed to notify DARM | to use general permit | | · | | |
| | | | | | |
| PART II: CLASSIFICATION | | | | | , |
| Facility indicated on notification | form that it is: | | ☐ No notification | | |
| (check appropriate box) | | | ☐ Drop store/out | of business/petr | oleum |
| 1. Existing small area source | | New small a | area source | | |
| dry-to-dry only, $x < 140$ gal/yr | /\ dry- | to-dry only, | x < 140 gai/yr | | |
| transfer only, $x < 200 \text{ gal/yr}$ | | - | < 200 gal/yr | | |
| both types, x < 140 gal/yr (constructed before 12/9/91) | | n types, x < 1 | 140 gal/yr or after 12/9/91) | | |
| , | • | Structed on | or after 12/7/711 | | |
| 3. Existing large area source | | New large a | | • | |
| dry-to-dry only, $140 \le x \le 2,100$ | | | $140 \le x \le 2,100 \text{ gal}$ | | |
| transfer only, $200 \le x \le 1,800$ g | | | $00 \le x \le 1,800 \text{ gal/yr}$ | r | |
| both types, $140 \le x \le 1,800$ gal/ (constructed before $12/9/91$) | | | $\leq x \leq 1,800 \text{ gai/yr}$ or after $12/9/91$) | | |
| (CONSTRUCTOR OCTOR LESS.) | , | , | or anci 12/7/71, | | |
| 5. This is a correct facility class | sification \text{Y} | ×ν | □Can not determi | ne | |
| If no, please check the app | propriate classification: | | 2 | | |
| facility q | qualified for a general p | permit as nu | | | |
| u iacini, c | exceeds above limits and | d is not eng | ible for a general pe | rmut | |
| D. The secol amount of a such land | | | | | |
| facility was gallons. | ethylene (perc) purchase | ed within th | e preceding 12 mon | ths by this dry c | eleaning |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? **PART IV: PROCESS VENT CONTROLS** In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| В | . Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----------|------|------|
| 1. | . Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ПY | _ □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | \Box Y | ПN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | | | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ΠИ | □N/A |
| | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | □N | □N/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | □N | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ПY | ПN | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? \square Y \square N 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? UY UN' 6. Maintained startup/shutdown/maifunction plan? \square N 7. Maintained deviation reports? AVA NO YO DY DN XN/A Problem corrected? □Y □N XNA 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION AND | REPAIRS | | | |
|---|-----------------------|------------------------------------|-----------------|------|
| 1. Does the responsible official conduct | a weekly (for small | sources, bi-weekly) leak detection | n and repair | |
| inspection? | • | · | XX (| □N |
| 2. Has the facility maintained a leak log | ? | | YY | וע⊏ |
| 3. Does the responsible official check th | e following areas for | leaks? | • | |
| Hose connections, fittings, couplings, and valves | AND UN DIVA | Muck cookers | XY ON | □N/A |
| Door gaskets and seating | Y ON ON/A | Stills | XY □N | □N/A |
| Filter gaskets and seating | AMD ND YA | Exhaust dampers | OY ON | MN/A |
| Pumps | AV ON ON/A | Diverter valves | □Y □N | MN/A |
| Solvent tanks and containers | YY ON ON/A | Cartridge filter housin | gs XY 🗆 N | □N/A |
| Water separators | AYU ON ON/A | | | |
| 4. Which method of detection is used by | the responsible offic | ial? | | |
| Visual examination (condensed : | solvent on exterior s | urfaces) | × | |
| Physical detection (airflow felt the | rough gaskets) | | XX | |
| Odor (noticeable perc odor) | | | × | |
| Use of direct-reading instrument | ation (FID/PID/calor | rimetric tubes) | Ġ. | |
| Halogen leak detector | | | | |
| If using direct-reading instr | umentation, is the | equipment: | XIV/A | |
| a. Capable of detecting | perc vapor concentra | ations in a range of 0-500 ppm? | `□Y´ □N | |
| b. Calibrated against a (PID/FID only)? | standard gas prior to | and after each use | □Y □N | |
| c. Inspected for leaks ar | id obvious signs of w | vear on a weekly basis? | □Y □N | |
| d. Kept in a clean and s | ecure area when not | in use? | □Y □N | |
| e. Verified for accuracy | by use of duplicate s | camples (calorimetric only)? | □Y □N | |
| | | | | |
| | | ···· | | |
| | | | | |
| Toff Willer | • | 0/4/ | , ga | |
| Inspector's Name (Please Prin | ur) | Date of Insp | ection | |
| <i>A b</i> 1 | 4 | 2 412 -1 1124 | | • |
| Mus Line | b | August | ,2000 | |
| Instrictor's Signature | | Approximate Date of | Next Inspection | on _ |

| DITIONAL SITE IN | FORMATION: | | | |
|------------------|------------|---|------|--|
| · · · | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ν | |
| | | | | |
| | | | | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TIME IN: 1015 TIME OUT: 1045 AIRS ID#: 03/04/6/6 TYPE OF FACILITY: 1010 Channel FACILITY NAME: 0nc How Martinizing DATE: 114/99 FACILITY NAME: 0nc How Martinizing DATE: 114/99 FACILITY LOCATION: 1/40/c Son Jose 13/24. JOLESON Will, 142 32223 RESPONSIBLE OFFICIAL: 10 Got Seray darian PHONE NUMBER: 56/-644-1994 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.) Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO Approximate) | TYPE OF INSPECTION: | annual X | COMPLAINT/ | DISCOVERY [] | RE-INSPECTION |
|---|--------------------------------|-----------------------------|--------------------|--------------------------------|------------------------|
| TYPE OF FACILITY: PACK ONE HOO Martinizing DATE: | TIME IN: /0/5 | TIME OUT: | 1045 | AIRS ID#: | 03/0466 |
| FACILITY NAME: One How Martini 2:119 FACILITY LOCATION: 1/406-1 San Jose Blod. Jack Som ville, FC 32223 RESPONSIBLE OFFICIAL: 1/40-1/414 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: 449057, 2000 | | Perc. Dry Ck | raner | | 21.1/ |
| FACILITY LOCATION: //#Ub-/ San Jose B/W. Jack Son ville, FL 32223 RESPONSIBLE OFFICIAL: ## Self-William PHONE NUMBER: Swift-1994 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213 300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: #Ugust, 2000 | | The Hour Mar | tini Zin | 3 | DATE: X4193 |
| Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213 300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: AUGUST, 2000 | | 11406-1 San | Jose 1 | 3/W. | |
| Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213 300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO. | | Jackson ville | ,FL 3 | 2223 | |
| Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213-300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: AUGUST, 2000 | RESPONSIBLE OFFICIAL: | Gary Seraye | darian_ | PHONE NUMBER:_ | 561-694-1994 |
| COMMENTS: Compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: AUgust, 2000 | <i>A</i> | • | | - 41 is in a series - 41 - 6 - | |
| COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: AUGUST, 2000 | | | | | inty is found to be in |
| COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: AUgust, 2000 | | - | s evaluated durin | g this inspection, the foll | owing compliance |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | COMPLIANCE REQU | IREMENT/PROBLE | M F | OLLOW-UP ACTIO | ON REQUIRED |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | |) | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | • | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | • |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: August, 2000 | | | | | |
| DATE OF NEXT INSPECTION: August, 2000 | COMMENTS: | | | | |
| DATE OF NEXT INSPECTION: August, 2000 | | | | | |
| DATE OF NEXT INSPECTION: August, 2000 | | | | | |
| DATE OF NEXT INSPECTION: August, 2000 | | | | | |
| | The Annual Compliance Certific | ation form has been properl | y certified and su | ibmitted to the inspector. | YESX NO |
| | DATE OF NEXT INSPECTION | N: | ugust, | <u>VOOU</u> | |
| To CC Illiate | Diana Caroni Corresi Caroni | To. | Approximate | tec | |
| INSPECTION CONDUCTED BY: (Please Print) | INSPECTION CONDUCTED | DX: | (Please Print |) | |
| INSPECTOR'S SIGNATURE: Office PHONE NUMBER: 904/630-3484 | INSPECTOR'S SIGNATURE: | Jeffrens h | linto | PHONE NUMBER: | 904/630-3484 |
| Page of Revised 10/96 | | | ge / of / | | Revised 10/96 |

AIRS 1D#: 03/0466

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | One Hour | Martinizi | ing | DA' | TE: 8/4/99 |
|--|---------------------------|------------------------|--------------------|--------------------|---------------------|
| FACILITY LOCATION: _ | 11406-1 | San Jose | Blud. | | |
| _ | Tackson | ville, FL | 32223 | | |
| | | , - | | | |
| Annual Reporting Period: | Jan.4 | 1999 | то | August | <u>4, 19 99</u> |
| Based on each term or condition 62-213.300, Florida Administra | | | | | DEP Rule |
| If NO, complete the following | ; : | | | | |
| #1. Term or condition of the | general permit that has i | not been in continuous | compliance during | ng the reporting p | eriod stated above: |
| Exact period of non-complian | ace: from | | to | | |
| Action(s) taken to achieve con | mpliance: | | | | |
| Method used to demonstrate of | compliance: | | · | | |
| #2. Term or condition of the | general permit that has n | not been in continuous | compliance durir | ng the reporting p | eriod stated above: |
| Exact period of non-complian | ice: from | · | to | | |
| Action(s) taken to achieve con | mpliance: | • | | • | |
| Method used to demonstrate of | | | | | |
| · | | · · · | | | |
| As the responsible official, I h made in this notification are t upon rolling averages of purc | true, accurate and comp | lete. Further, my anni | ual consumption of | f perchloroethyle | ene solvent, based |

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

| BEST AVAILABLE COPY () 5/0766 | - |
|---|--------------|
| | Tilley |
| 12/21/98 Stoke to Matthew Serveydarian and he stated that the machine has a | Cr. |
| he stated that the machine has a | - 5 S |
| | |
| GARY refridgerated concleuser as a control | 726 |
| 2. Site Name (Fo) clevice. The mashine is not installed | 10/1/20 |
| ONE 1 as of todays date. Expected install | |
| 3. Hazardous Wa: 7 // hf // | |
| date is January 15, 1999. No pers | |
| 4. Facility Location purchased to date. | |
| Street Address | 1 |
| City: SACK | |
| 5: Facility Identif p 14/6) And date of purchase in now (1) and | |
| date of Control device installed. | |
| | |
| If dates are the same then add some | <u></u> - |
| 6. Name and Title | |
| 7. Responsible Of Ta) Odd #ofgallons purchased. Afnone add "O". | |
| 7. Responsible Of an Control gallons fundanced. Afronk and O. | |
| Organization/F Street Address: 3. Existing small area source should be to | be |
| City: PALM marked Markon tough initial. New small | 1 2 |
| 8 Perposible Of | |
| Telephone: Mouth we munito. | , |
| - 15 4. Ejigting landlaned source R.C. should not | |
| 15 4. Ejisting lange ared source R.C. should not be marked Markout and initial. | |
| | |
| 9. Name and Title (OVER) MATTINEW SERAYDARIAN PLANT MANG. | |
| 10. Facility Contact Address: | |
| | |
| Street Address: ZSO7 ACADIC City: Zin Code: | |
| JACKSONVILLE DUVAL 3221 | 7. |
| 11. Facility Contact Telephone Number: | |
| Telephone: $(904)737 - 2388$ Fax: $(904)737 - 7385$ | |

DEP Form No. 62-213.900(2) Effective: 6-25-96

Page 13 of 16



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location | · . |
|----|--|------------|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): GARY SERAY DARIAN INC SOLITORIES | ` Ø |
| 2. | Site Name (For example, plant name or number): ONE HOUR MARTINIZING | |
| 3. | Hazardous Waste Generator Identification Number: | |
| 4. | Facility Location: 11406 5 AN JOSE Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32223 | |
| 5. | Facility Identification Number (DEP Use): | |

Responsible Official

| | LA LIL OCAVOLCIALA |
|----|---|
| 6. | Name and Title of Responsible Official: |
| - | GARYM SERAYOMELAN TRES. Plant Manager |
| 7. | Responsible Official Mailing Address: |
| | Organization/Firm: Street Address: 21 RABBITS RUN |
| | |
| | City: PALM BEACH GARDENS County: PALM BEACH Zip Code: 33478 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: $(561) 694 - 1994$ Fax: $(561) 694 - 1711$ |

Facility Contact (If different from Responsible Official)

| 9. Name and Title of Facility Contact (For example, p MATTIFEW SERAYDAR, | • , | IT MANG. |
|---|------------|------------------|
| 10. Facility Contact Address: | | |
| Street Address: 2507 ACADIE City: County: SACKSON VILLE | DUVAL | Zip Code: 3 2217 |
| 11. Facility Contact Telephone Number: Telephone: (904) 737 - 2388 | Fax: (994) | 131 - 2389 |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

SPOKE With Matthew 8/4/99 Seraydarian.

He requested to be the R.O. Since his father (Gary) lives out of town.

If Winte

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | , | | | | | | |
|-----|---|--|--|--|--|--|--|
| | Gary Seraydarian, INC. 2. Site Name (For example, plant name or number): | | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | | |
| | ONE HOUR MARTINIZING | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | |
| | | | | | | | |
| 4. | Facility Location: 11406-5 San Jose Blvd. Street Address: | | | | | | |
| | Street Address: City: TackSon ville County: Duval Zip Code: 32223 Facility Identification Number (DEP Use): 03/0466 | | | | | | |
| 5. | Facility Identification Number (DEP Use): | | | | | | |
| | 03/0466 | | | | | | |
| | Responsible Official | | | | | | |
| | · | | | | | | |
| 6. | Name and Title of Responsible Official: | | | | | | |
| | Matthew Seraydarian - Plant Manager | | | | | | |
| 7. | Responsible Official Mailing Address: Organization/Firm: ONE Hour Martinizing Street Address: 11406-5 San Jose Blut. City: City: Zin Code: | | | | | | |
| | Street Address: 11406-5 San Jose Blut. | | | | | | |
| | City: Jacksonville County: Duval Zip Code: 32223 | | | | | | |
| 8. | Responsible Official Telephone Number: | | | | | | |
| 0. | Telephone: (904)288 - 048 Fax: () - | | | | | | |
| | 101280 0701 | | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | | |
| | Same | | | | | | |
| 10. | Facility Contact Address: | | | | | | |
| | Street Address: | | | | | | |
| | City: County: Zip Code: | | | | | | |
| | | | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | | |
| | Telephone: () - Fax: () - | | | | | | |

DEP Form No. 62-213.900(2) Effective: 6-25-96

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|--|--------------------------|---|-------------------------------|----------|---|--|-------------|---|-------------------------------|
| Example | #1 | 03-OCT-93 03/99 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | L., |
| Dry-to-Dry Unit | | 00-00-99 | taging and | ja va | The North Control | edgesta je pak | jajije tu z | | asetara. |
| (1) w/ ref. condenser | 7 - | 0010199 | 3/99 | <u> </u> | 1. C | | | | |
| (2) w/ carbon adsorber | | 01-00-99 | -7-1-1 | - | MA | | | | - |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | 1.35 | in the first of | | | | | , | | Side of the |
| (4) w/ ref. condenser | | T · | | T | I | | | 1 | ,, |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | 10 to 1 | u ji Giriyaati iy | | May V | ija. Jeristik | Market . The | int (i.e. | | ngugapo es |
| (7) w/ ref. condenser | | Ι | | | 1 | 1 | | I | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | 1 | | <u> </u> | | | | | <u> </u> |
| Reclaimer Unit | Major. | New property | | | digilar. | A. 1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | la jer | · 西西蒙古之下 | The Arthur Land |
| (10) w/ ref. condenser | | T | | | | | | | |
| (11) w/carbon adsorber | | | | | 1 | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c | are re quant galle | equired to be ity of perchlo | installed [_ | perc) | | n the latest 12 | ? mor | nths? | |
| Check why it is less | than | ow many? [_ 12 months: | months New owner: | |] New store | : [X] Did | not k | eep records: | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| 4. What control technology is require (Indicate with an "X".) | red on machines | pursuant to section (5) of I | Part II of this notification form? | | | | |
|---|---|------------------------------|------------------------------------|--|--|--|--|
| Existing large area source Carbon adsorber | | Refrigerated condenser | | | | | |
| New small area source Refrigerated condenser | (X) | ij | | | | | |
| New large area source Refrigerated condenser | | | | | | | |
| | | | | | | | |
| | | • | | | | | |
| 5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un | that all steam and | d hot water generating unit | | | | | |
| boiler HP or less), and (2) are fired | All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. | | | | | | |
| All steam and hot water generating No such units on-site | units exempt | <u>X</u> | · | | | | |
| | | | | | | | |
| | | | | | | | |
| Equipme | ent Monitoring s | and Recordkeeping Infor | mation | | | | |
| Check all logs which are required to | _ | | | | | | |
| (a) Purchase receipts and solvent pu | - | | | | | | |
| (b) Leak detection inspection and re | epair | | [X] | | | | |
| (c) Refrigerated condenser temperat | ture monitoring | | [X] | | | | |
| (d) Carbon adsorber exhaust perc co | oncentration mon | nitoring | - B | | | | |
| (e) Instrument calibration | | | | | | | |
| (f) Start-up, shutdown, malfunction | n plan | | LX.) | | | | |

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

| Ple | Please indicate with an "X" the appropriate selection: | | | | | | | |
|-----|--|---|--|--|--|--|--|--|
| | [] | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) | | | | | | |
| | L | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | | | |
| ٠. | | Responsible Official Certification | | | | | | |
| | this notifi statement maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | | | |
| | I will prod | mptly notify the Department of any changes to the information contained in this notification. Dec 4, 1998 | | | | | | |
| | Signature | Date Date | | | | | | |
| | A de | 8/4/99 | | | | | | |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | * | COMPLAINT/DIS | SCOVERY | |
|---|--|---|--|------------------|----------|
| | RE-INSPECTION | | | | |
| | | | | | |
| AIRS ID#: <u>0310466</u> d | ATE: 4/19/2 | COO TIME I | N: <u>935</u> TI | ME OUT: <u>(</u> | 7950 |
| FACILITY NAME: <u>One</u> | Hour Mar | tinizin | 9 | | |
| FACILITY LOCATION: | 11406-5 | San? | Jose Blvd. | | |
| | Jacks | on ville | , FL 32 | 223 | |
| RESPONSIBLE OFFICIAL : _ | Matthew Se | raydarian | PHONE: 904 | 1288-0 | 48/ |
| CONTACT NAME: | Gary Seca | ydarian | PHONE: | Same | |
| DADTA NOTHICATION | man a ware specimen or one opposite change and control of the period day problems. | | 表) | | |
| PART I: NOTIFICATION | | <u> </u> | | | |
| (check appropriate box) | | 82 5 | OH! | • | |
| New facility notified DARM 30 | days prior to startup | Noi | ch i | | X |
| 2. Facility failed to notify DARM | to use general permit | t 🗟 | Pro Co | · | |
| | | | 9 8 6 | | |
| PART II: CLASSIFICATION | | | S C | | |
| Facility indicated on notification (check appropriate box) | form that it is: | | ☐ No notification for ☐ Drop store/out of | | oleum |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | drj tra bo | New small ar y-to-dry only, y insfer only, x < th types, x < 1- onstructed on o | x < 140 gal/yr < 200 gal/yr | × | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types. $140 \le x \le 1,800$ gal/(constructed before $12/9/91$) |) gal/yτ dry al/yτ tra yr bot | insfer only, 200 th types, $140 \le$ | ea source $140 \le x \le 2,100 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ | T . | |
| 5. This is a correct facility class | ification 💢 | Y ¬N | □Can not determine | : | |
| | | | | | |
| facility e B. The total quantity of perchloroe | ualified for a general acceeds above limits a | ind is not eligib | ole for a general perm | nit | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) SAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON MINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| В. | Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----|---------|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ПY | ПN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | □м | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | ПN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber. | | | |
| | if machines are equipped with a carbon adsorber? | | | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ЦY | ПN | □N/A |
| | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | □и | □Ņ/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | □N | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | □и | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN SANA DY DN MINA 5. Maintained exhaust duct monitoring data on perc concentrations? AND VAR 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN **X**N/A DY DN MN/A Problem corrected? □Y □N **X**N/A 8. Maintained compliance plan, if applicable?

| 7 | | | | | | | | | |
|----|--|-----------------------------|---------------------------|-----------------|--|--|--|--|--|
| P. | ART VI: LEAK DETECTION AND | REPAIRS | | · . | | | | | |
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | | |
| i | inspection? | | • | AN DN | | | | | |
| 2. | Has the facility maintained a leak log? | | | □Y □N | | | | | |
| 3. | Does the responsible official check the | following areas for leaks? | | | | | | | |
| | Hose connections, fittings, couplings, and valves | Y ON ON/A | Muck cookers | AND ND YA | | | | | |
| | Door gaskets and seating | AY ON ON/A | Stills | AND UD RES | | | | | |
| 1 | Filter gaskets and seating | AY ON ON/A | Exhaust dampers | DY DN ANA | | | | | |
| i | Pumps | YAY ON ON/A | Diverter valves | DY DN DANIA | | | | | |
| | Solvent tanks and containers | YAY ON ON/A | Cartridge filter housings | AY ON ON/A | | | | | |
| | Water separators | TAY ON ON/A | | | | | | | |
| 4. | Which method of detection is used by t | he responsible official? | | | | | | | |
| | Visual examination (condensed s | olvent on exterior surfaces | 3) | 7 | | | | | |
| | Physical detection (airflow felt th | rough gaskets) | | 78. | | | | | |
| | Odor (noticeable perc odor) | | .* | P P | | | | | |
| | | | | | | | | | |
| | Halogen leak detector | | | | | | | | |
| | If using direct-reading instr | umentation, is the equipr | nent: | M/A | | | | | |
| | a. Capable of detecting p | perc vapor concentrations | in a range of 0-500 ppm? | ND YE | | | | | |
| | b. Calibrated against a s (PID/FID only)? | tandard gas prior to and at | fter each use | □Y □N | | | | | |
| | c. Inspected for leaks an | d obvious signs of wear on | a weekly basis? | □Y □N | | | | | |
| | d. Kept in a clean and se | ecure area when not in use | ? | □Y □N · | | | | | |
| | e. Verified for accuracy | by use of duplicate sample | s (calorimetric only)? | □Y □N | | | | | |
| | | | | | | | | | |
| | W. S | | | | | | | | |
| | | | | | | | | | |
| | ~ co | | | , | | | | | |
| | Jeff Winter | | 4/19 | 1/2000 | | | | | |
| | Inspector's Name (Please Prin | t) | Date of Inspec | ction | | | | | |
| | Oklean 1 1 into | | April, | 2001 | | | | | |
| | Inspector's Signature | | Approximate Date of N | lext Inspection | | | | | |

| ADDITIONAL SITE INFO | DRMATION: | |
|----------------------|------------|-----|
| | | |
| | | |
| | | |
| | · | |
| | | |
| • | | |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | . • | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | , |
| | | |
| | | |
| | | , i |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL COM | PLAINT/DISCOVERY | RE-INSPECTION |
|---|---|--------------------------------------|--------------------------|
| TIME IN: 0435 | TIME OUT: 0 | 950airs id#: | 0310466 |
| TYPE OF FACILITY: | Perc. Dry Cleaner | • | , , |
| FACILITY NAME: | One Hour Marti | inizing | DATE: 4/19/2000 |
| FACILITY LOCATION: | 11406-5 San | Jose Blud. | |
| Relett bookitow. | Jack Sonville, | FL 32223 | |
| RESPONSIBLE OFFICIAL: | 1 | | 904/288-0481 |
| RESPONSIBLE OFFICIAL | - 10.14 pen servi 304 11 | THORE NOWIDER. | 101/200 0707 |
| | the compliance requirements evalu Rule 62-213.300, Florida Administr | | cility is found to be in |
| Based on the results of discrepancies were note | the compliance requirements evalued: | ated during this inspection, the fol | llowing compliance |
| COMPLIANCE REQ | UIREMENT/PROBLEM | FOLLOW-UP ACTI | ON REQUIRED |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| _ | | | |
| | | | |
| | - | | - |
| COMMENTS: | | | |
| | | | |
| | | | |
| • | | | |
| The Annual Compliance Certifi | cation form has been properly certi- | fied and submitted to the inspector | YES NO |
| DATE OF NEXT INSPECTION | on: | Wil, 2001 | / |
| | | proximate) | |
| INSPECTION CONDUCTED | BY:Deft | Winter | |
| INSPECTOR'S SIGNATURE | 1/ (PI | ease Print) PHONE NUMBER: | 904/630-1212 |
| | | . f | eft. 3/6 |
| • | Page | OI | Revised 10/9 |

AIRS 1D#: 03/0466

MOU

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: One How | r Martinizing | DATE: 4/19/2000 |
|---|--|---|
| FACILITY LOCATION:/1406 | -5 San José Blut. | |
| Jack | sonville, FL 3222 | 3 |
| | - | |
| Annual Reporting Period: | <i>il 19,</i> 19 <i>99</i> to | April 19, 2000 |
| Based on each term or condition of the Title V | general air permit, my facility has remain | ned in compliance with DEP Rule |
| 62-213.300, Florida Administrative Code (F.A | L.C.), during the period covered by this state | tement. AYES DNO |
| If NO, complete the following: | | • |
| #1. Term or condition of the general permit th | hat has not been in continuous compliance | during the reporting period stated above: |
| Exact period of non-compliance: from | to_ | |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | | |
| #2. Term or condition of the general permit th | nat has not been in continuous compliance | during the reporting period stated above: |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | · | |
| As the responsible official, I hereby certify, ba made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities. | d complete. Further, my annual fighsumpt | ion of penchloroethylene solvent, based |

| | 1 | | 1 |
|------|---|----|---|
| Page | | of | L |

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414053 FEB132002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

BUSINESS WAS SOLD 12/14/01 TO SPEIGEL AGENCY FNC.

Do NOT Remove Label

AIRS ID # 0310466 ONE HOUR MARTINIZING MATTHEW SERAYDARIAN 11406-5 SAN JOSE BLVD JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389189

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

ONE HOUR MARTINIZING MATTHEW SERAYDARIAN 11406-5 SAN JOSE BLVD **JACKSONVILLE FL 32223**

TOTAL AMOUNT DUE Mobile Sources Air Monitoring

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

This portion must be attached to remittance for proper handling 400568

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310466

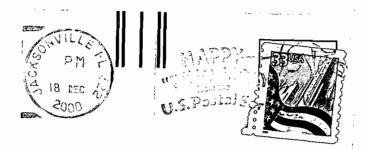
ONE HOUR MARTINIZING MATTHEW SERAYDARIAN 11406-5 SAN JOSE BLVD

JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO:CA1 Fund: 20-2-035001

Obj.: 002273

Talladdalladddalladalladalladalladda



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) |
|---|
| Postage \$ Certifled Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0310466 Total Pc ONE HOUR MARTINIZING Recipient MATTHEW SERAYDARIAN 11406-5 SAN JOSE BLVD Street, Ac. JACKSONVILLE FL City, State PS Form 3800, February 2000 See Reverse for Instructions |

·

Gary Seraydarlan
21 Rabbits Run
Palm Bch Gdns, FL 33418-6832



Title V Au General Revent Section

Buren of Au Montoring & Mabel Jauren

Buren of Au Montoring & Mabel Jauren

D. E. P. ((MS-SS10)

2600 Blan Stone-Kd.

Jallahasee Jl 32399-2400

3239346516 Inflatibilitation In

| 3971 | CERT | IFIE | ServiceTM DEMAILEM RECEIPT Only; No Insurance Coverage | Provided) |
|--------|---|------------------------|--|----------------------|
| 77.4 | For delivery information visit our website at www.usps.com _® | | | |
| 0 4000 | Cert | Postage | 8 | 2 CO 04 |
| 500 01 | Return Red (Endorsement F Restricted Deli (Endorsement F | Required) Ivery Fee | 19 Cy | Postmark Here |
| _ m | Sent To | | 0310466001AG IOUR MARTINIZING | |
| 700 | Street, Apt. 1 | 11406- | HEW SERAYDARIAN 5 SAN JOSE BLVD SONVILLE, FL 32223 | · |
| | PS Form 3800 | June 2002 | See Reve | rse for Instructions |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 16 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: □ No If YES, enter delivery address below: 10 031046600TAG ONE HOUR MARTINIZING MATTHEW SERAYDARIAN 3. Service Type 11406-5 SAN JOSE BLVD Certified Mail ☐ Express Mail JACKSONVILLE, FL 32223 Registered ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7003 0500 0004 0144 3973 (Transfer from service PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

